

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mohrham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20 1998 8:00am  
Secretary of State

DOCUMENT # P97000077890 (6)

1. Corporation Name

GOLD HARVEST, INC.



Principal Place of Business

6111 STONEHAVEN CT.  
TAMPA FL 33624-5085

Mailing Address

6111 STONEHAVEN CT.  
TAMPA FL 33624-5085

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8503 W Hillsborough  
Suite, Apt. #, etc.

22

City & State

23 Tampa FL  
Zip Country

24 33615

25

2a. Mailing Address

26 8503 W Hillsborough  
Suite, Apt. #, etc.

27

City & State

28 Tampa FL  
Zip Country

29 33615

30

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

59-3468239

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SO, AARANCE  
5111 STONEHAVEN CT.  
TAMPA FL 33624-5085

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SO, AARANCE  
STREET ADDRESS 5111 STONEHAVEN CT.  
CITY-ST-ZIP TAMPA FL 33624-5085

TITLE VD ☒ DELETE

NAME CHUNG, KAM H  
STREET ADDRESS 5100 BURCHETTE RD. #501  
CITY-ST-ZIP TAMPA FL 33647

TITLE SD ☒ DELETE

NAME WONG, FONG  
STREET ADDRESS 8718 MCADAM PLACE  
CITY-ST-ZIP TAMPA FL 33634

TITLE TD ☒ DELETE

NAME YANG, LI CHAO  
STREET ADDRESS 920 DELANEY CIRCLE  
CITY-ST-ZIP BRANDON FL 33511

TITLE TD ☐ DELETE

NAME King Hsian Ku  
STREET ADDRESS 5111 Stonehaven Ct.  
CITY-ST-ZIP Tampa FL 33624-5085

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002493758

04/20/98-01069-030

\*\*\*150.00

420  
JR

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE

AARANCE So 3/31/98

CR2E034 (10/97)